



# Wyoming PRAMS: Chronic Disease during the Preconception, Prenatal, and Postpartum Periods

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# Learning Objectives

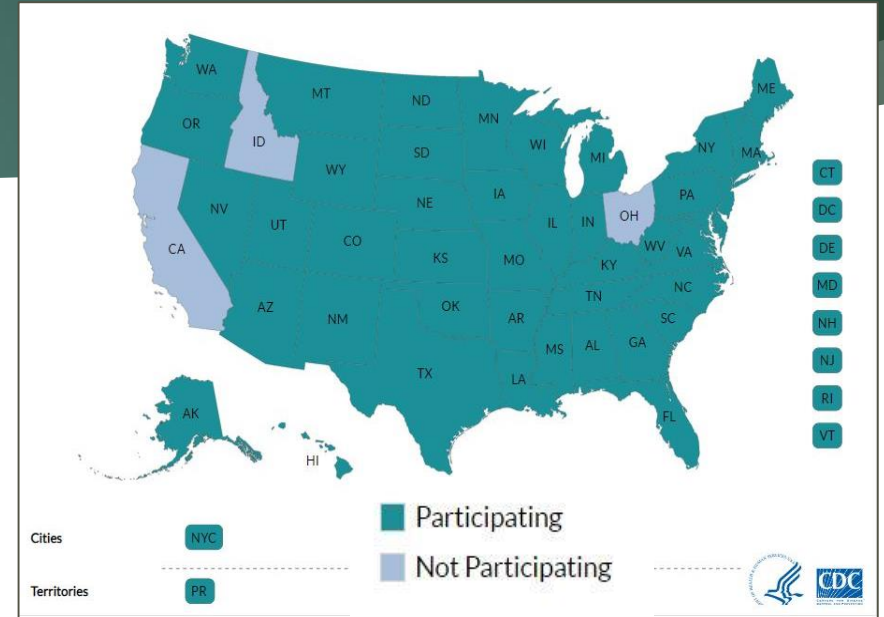
Upon completion of this presentation, participants will be able to:

1. Describe PRAMS\* at both the national level and in the State of Wyoming.
2. Understand how to access and apply Wyoming PRAMS data to improve quality of care and health outcomes for preconceptual, pregnant and postpartum women.
3. Recognize the conditions and contributing factors of health inequities related to chronic disease (including diabetes, hypertension, and depression) among Wyoming women who have recently given birth.
4. Describe trends in preconceptual and prenatal substance use (including tobacco, alcohol, and other drugs) in Wyoming

\* Pregnancy Risk Assessment Monitoring System

# Pregnancy Risk Assessment Monitoring System (PRAMS)

- A partnership with States and the **Centers for Disease Control and Prevention**.
- Collects state-specific population-based data on **maternal attitudes and experiences before, during, and shortly after pregnancy**.
- Survey of new mothers **3-6 months** postpartum (data are self-reported).
- Data are weighted to be **representative of the state**, not representative at the local level.
- PRAMS surveillance currently covers about **83%** of U.S. births (47 states participate).



# Wyoming PRAMS – The Process

- Every month, a **random sample** of births to Wyoming women that **occur 3 months** before is drawn from Wyoming Vital Records data. About 1 out of every 7 Wyoming women are sampled.
- Resident births that **occur out of state** (Colorado, Utah, etc.) are also included.
- Wyoming samples **all births to American Indian women** and **oversamples low-birthweight births**.
- **Women are notified** that they have been selected and are provided information about the survey. They may also choose to opt out of the survey (although we encourage them to complete it).



## Wyoming PRAMS History

- Phase 5 (2007 - 2008)
- Phase 6 (2009 - 2011)
- Phase 7 (2012 - 2015)
- Phase 8 (2016 to present)

# PRAMS Timeline – The Process

Our monthly sample is drawn from births occurring 3 months earlier than the month of the draw.

Pre-letter  
about the  
survey  
mailed

Mail 1  
(Day 7)

Mail 2  
(Day 21)

Phone  
(Day 30)

Mail 3  
(Day 40)



Batch  
Expired

← 95 days →

# Wyoming PRAMS – The Process

- Completed surveys are entered, rewards\* are sent.
- Each year, WY PRAMS data sets are submitted to the CDC for weighting. This gives us a picture about Wyoming resident women who delivered a live birth in a given year.
- Response rate (2012-2018) ranged from a low of 56% (2015) to a high of 63% (2014 & 2016). The average response rate during this period was 61%.



\***Rewards:** Halo Sleep Sack for all moms (except those whose infants died), and a \$ 10.00 Walmart gift certificate for American Indian moms and those who respond by phone.

Where do I find  
PRAMS data  
and reports?





Wyoming Department of Health

PRAMS

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a population based survey to learn more about the health of mothers and babies in Wyoming. PRAMS is a joint project between the Wyoming Department of Health and the Centers for Disease Control and Prevention.

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Home » Public Health Division » Chronic Disease And Maternal Child Health Epidemiology Unit » MCH Epidemiology » Pregnancy Risk Assessment Monitoring System (PRAMS)

## Pregnancy Risk Assessment Monitoring System (PRAMS)

The best source of data on mothers and babies.

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a population-based risk factor surveillance system designed to identify and monitor behaviors and experiences of women before, during, and after pregnancy. PRAMS is a collaboration between state departments of health and the [Centers for Disease Control and Prevention](#) (CDC). State specific information is collected by surveying a sample of women who have recently given birth in participating PRAMS states. Findings from the PRAMS survey are used to develop and assess perinatal health programs in public and private health care settings.

To subscribe to our monthly email updates, send an email to [sympa@lists.health.wyo.gov](mailto:sympa@lists.health.wyo.gov). In the subject line of the email please type "subscribe wyoprms", and in the body of the email, please provide your first and last name.

Current PRAMS Listserv: Drug Use Before Pregnancy

Previous PRAMS Listservs (2016 - 2018)

We also have a ListServ!

Information on how to sign up, last slide.

Wyoming PRAMS

### Wyoming WIC Program Special Report Maternal Substance Use During Pregnancy

Wyoming Department of Health

Fast Facts:

Wyoming PRAMS

### Wyoming WIC Program PRAMS Special Report Breastfeeding: Duration

Wyoming Department of Health

Fast Facts:

Wyoming PRAMS

### Wyoming WIC Program PRAMS Special Report Breastfeeding: Initiation

Wyoming Department of Health

Fast Facts:

Figure 1. Comparison of WIC and non-WIC Breastfeeding Initiation Trends in Wyoming WY PRAMS 2007-2014

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Web address: <https://health.wyo.gov/publichealth/chronic-disease-and-maternal-child-health-epidemiology-unit/mch-epi/>



# Chronic Disease & Substance Abuse among women of childbearing age in Wyoming

AN INFORMAL “QUIZ” TO  
TEST YOUR KNOWLEDGE!



There  
will be  
prizes!

**Question 1.** Match the prepregnancy condition to the self-reported response rate (%) by PRAMS Moms.

- |  |          |
|--|----------|
| 1. Diabetes                            | 1. 4.4%  |
| 2. High Blood Pressure or Hypertension | 2. 3.9%  |
| 3. Depression                          | 3. 17.3% |

**THE QUESTION:**

*During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions?*

*% of women responding "Yes"*

**Question 2.** What % of Wyoming women said that they talked to their prenatal health care provider **about depression**?

A. 54%

B. 75%

C. 91%



**Question 3.** What topics were **most often** discussed and **least often** discussed with women during the prenatal care visit?

- A. Maternal Weight Gain
- B. Using Drugs\*
- C. Drinking Alcohol
- D. Smoking Cigarettes
- E. Feeling Down or Depressed

Source: WY PRAMS Data 2016-2018

\* Includes marijuana, cocaine, crack, or meth.



**Question 4.** What proportion of new moms report that they drank during the 3<sup>rd</sup> trimester of pregnancy in Wyoming (2018)?

1. 20%
2. 7%
3. 3%
4. 15%

Source: WY PRAMS Data 2016-2018



Source: Centers for Disease Control and Prevention



**Question 5.** The use of what drug was most commonly reported by women in the month **before** their pregnancy? WY PRAMS, 2016-2018.

1. Marijuana or Hash
2. Heroin
3. Adderall or another stimulant
4. Prescription Pain Relievers

Source: WY PRAMS Data 2016-2018



# Why We Care: The MCH Life Course Perspective

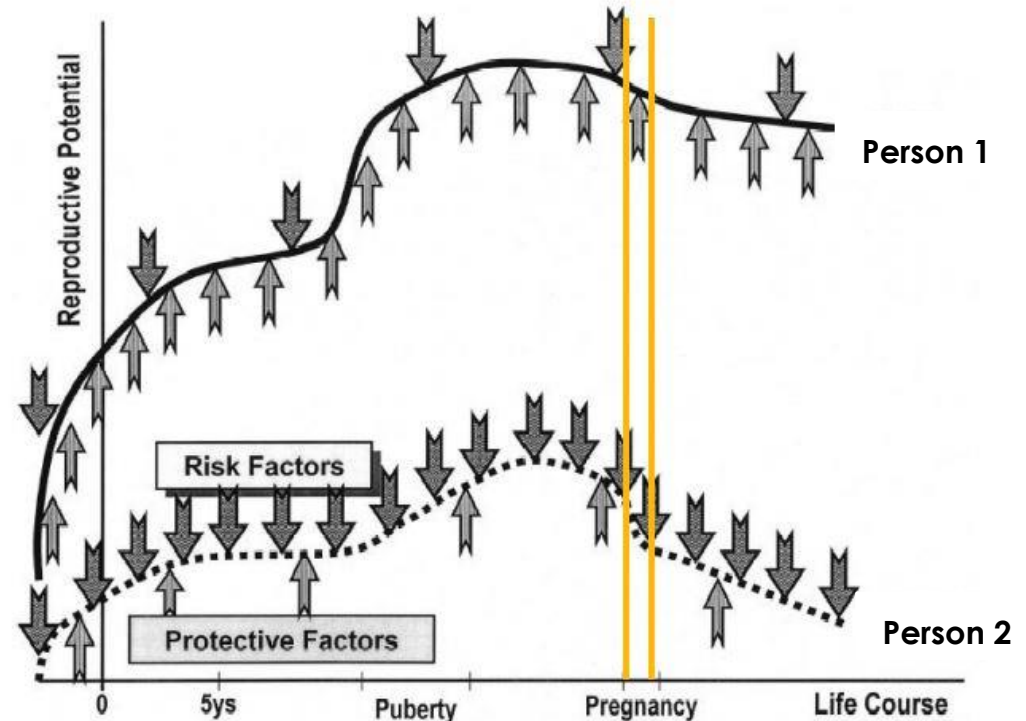
Individuals all have unique levels of risk and protective factors.

Public Health now looks at the impact *across the lifespan*, and not at just one point in time.

- Cumulative Stress Impact/Weathering
- Early Programming
- Intergenerational Reproductive Health Effects

Adapted from: Lu MC, Halfon N. Racial and ethnic disparities in birth outcomes: a life-course perspective. *Matern Child Health J.* 2003;7:13-30

## Life Course Perspective



# Diabetes & Hypertension

- Preconception
- Prenatal
- Postpartum



## Question 1. Match the prepregnancy condition to the self-reported response by PRAMS Moms

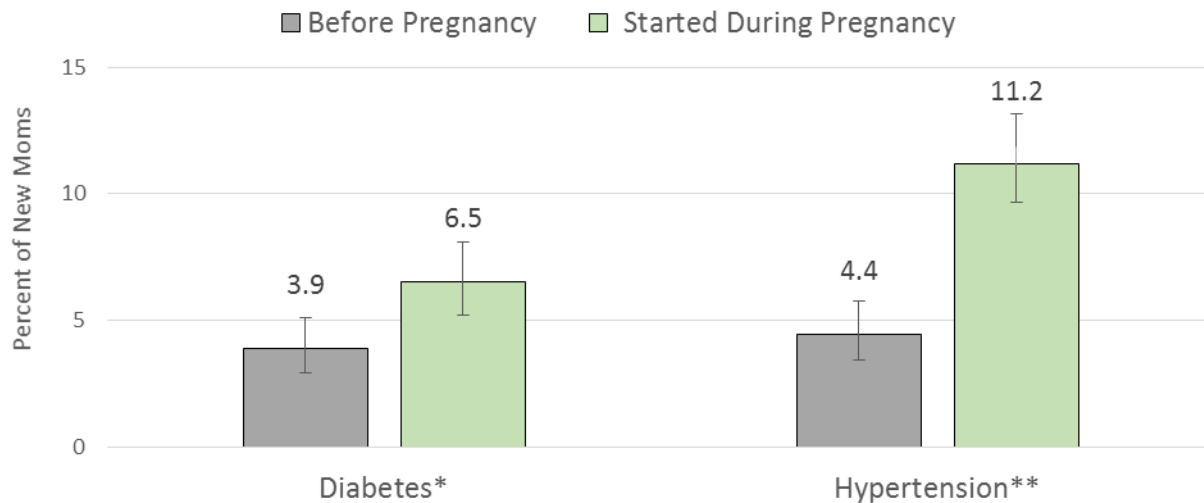
- 
1. Diabetes
2. High Blood Pressure or Hypertension
3. Depression
1. 4.4%
2. 3.9%
3. 17.3%
- Detailed description: A diagram showing three conditions on the left and their corresponding percentages on the right. Dashed arrows indicate the matching: a red arrow from '1. Diabetes' to '2. 3.9%', a blue arrow from '2. High Blood Pressure or Hypertension' to '1. 4.4%', and a green arrow from '3. Depression' to '3. 17.3%'.
- | Condition                              | Percentage |
|--|------------|
| 1. Diabetes                            | 3.9%       |
| 2. High Blood Pressure or Hypertension | 4.4%       |
| 3. Depression                          | 17.3%      |

**THE QUESTION:**  
During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions?

% of women responding "Yes"

# Prevalence: Diabetes and Hypertension

**Chronic Conditions Before and During Pregnancy  
WY PRAMS 2016-2018**



\* Type 1 or Type 2 Diabetes Before Pregnancy; Gestational Diabetes During Pregnancy.

\*\* High Blood Pressure or Hypertension Before Pregnancy; High Blood Pressure, Pre-eclampsia or Eclampsia during Pregnancy.

*I have always led a very healthy lifestyle, working out daily, eating right. I've never smoked, and I had regular medical and dental checkups.*

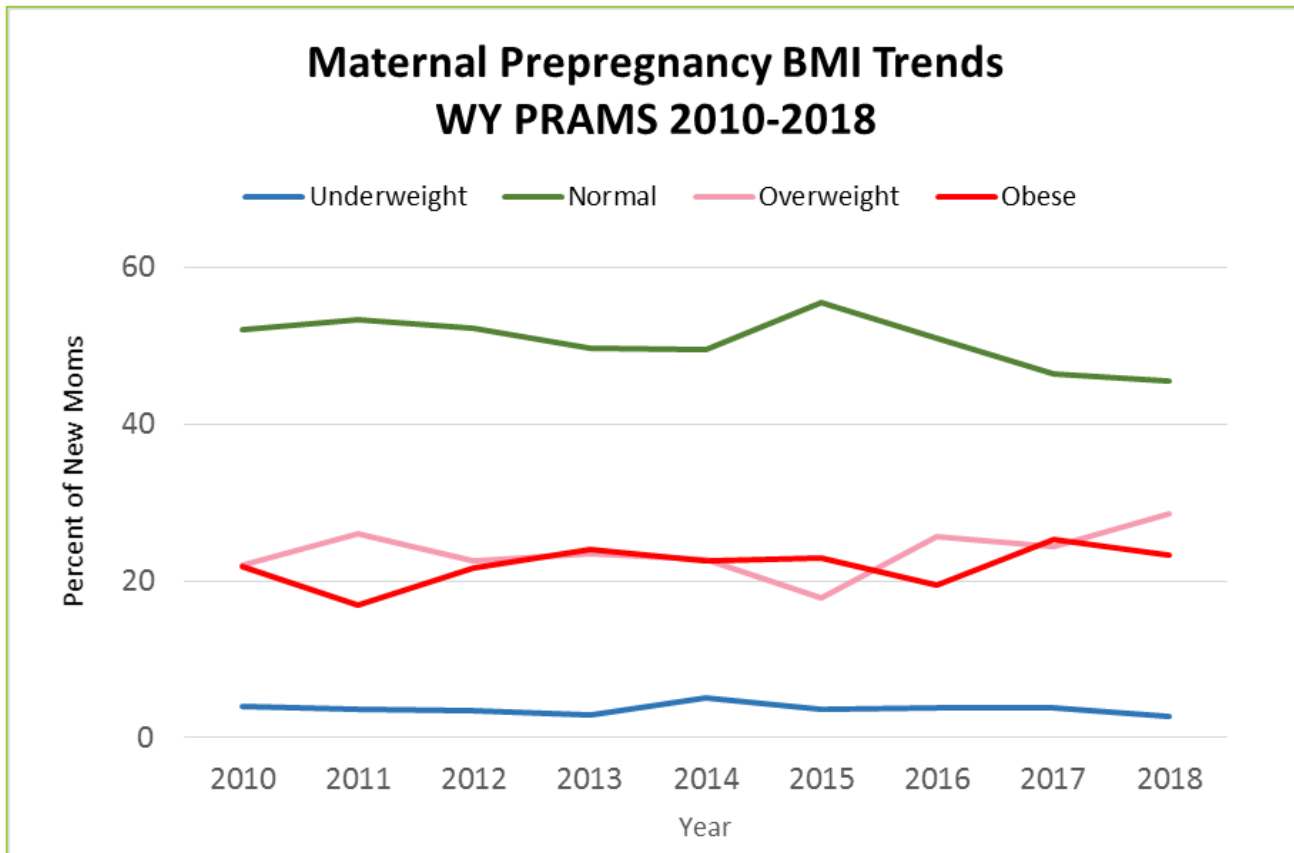
*At 5 months pregnancy, I developed high blood pressure and at 7 months it progressed rapidly to severe pre-eclampsia and HELLP syndrome. My baby was delivered by C-section at only 31 weeks and spent 40 days in the NICU.*

*My baby was born 2 pounds 12 ounces. She is now over 9 pounds.*

*– WY PRAMS Mom, 2015*



# Preconception: Prepregnancy BMI



- In 2010, over half **(52.1%)** of new moms in Wyoming were in the “normal” BMI range.
- In 2018, **45.5%** were in the normal range.

# Depression

- Preconceptional
- Prenatal
- Postpartum



*This was the most stressful pregnancy so far for me.*

*My husband was very mean. I have never experienced so much stress in my life. He was constantly telling me he was going to leave me and go back to where we used to live.*

*He told me the hated me and wished our unborn baby would die. He told me he wished I would die.*

*I hated the whole pregnancy.*

*- WY PRAMS Mom, 2015*

**Question 2.** What % of Wyoming women said that they talked to their prenatal health care provider **about depression**?

- A. 54%
- B. **75%**
- C. 91%

Source: WY PRAMS Data 2016-2018



# How Does PRAMS Measure Postpartum Depression?

(page 11, WY PRAMS Survey)

**Since your new baby was born, how often have you felt down, depressed, or hopeless?**

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

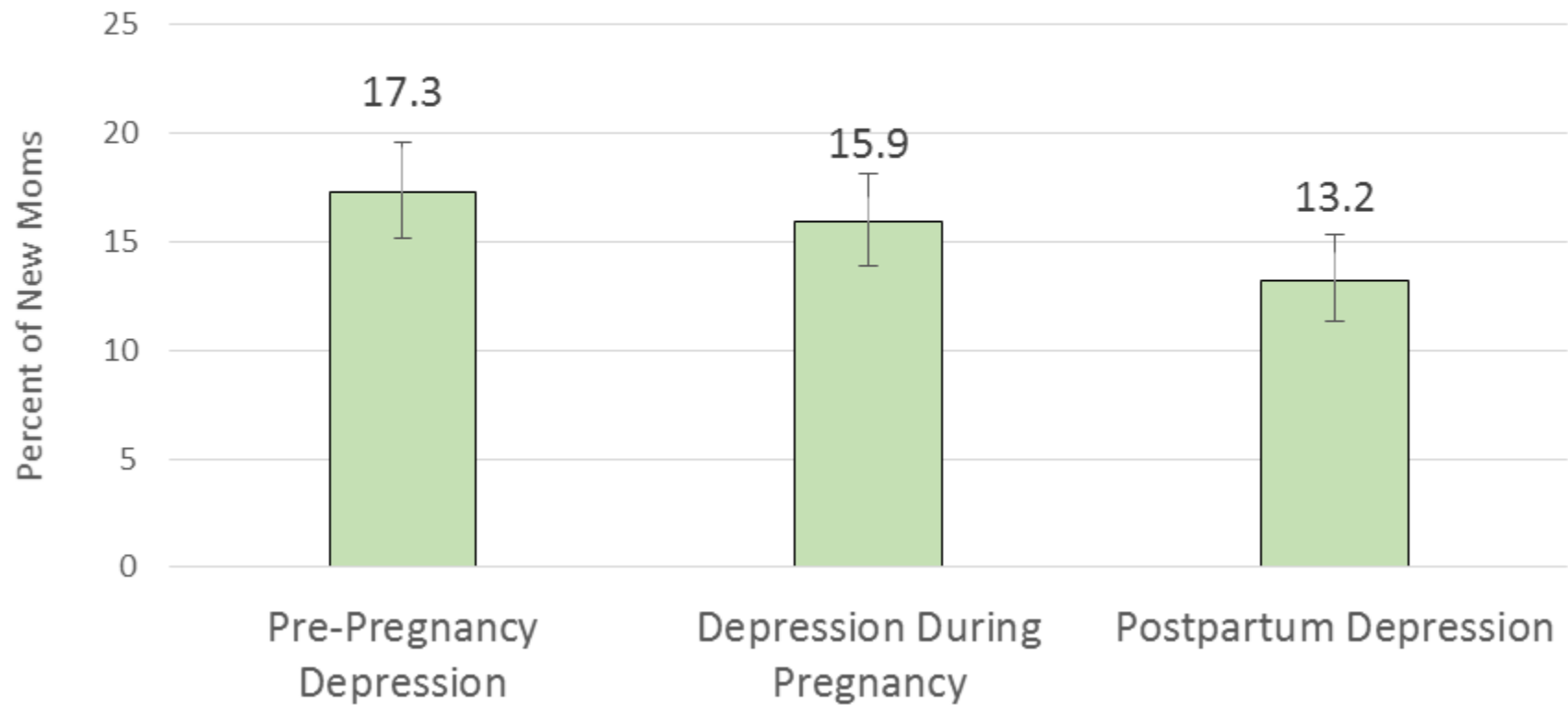
**Since your new baby was born, how often have you had little interest or little pleasure in doing things you usually enjoyed?**

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

Women who report a response of “often” or “always” to any of these questions are defined as experiencing self-reported postpartum depression.

# Depression: Wyoming Statistics

**Depression Before, During, and After Pregnancy  
WY PRAMS 2016-2018**





# Depression: Provider Discussion with New Moms

**47.9%** were asked about depression by a health care worker **the year before they were pregnant** (preconceptional period).

**75.2%** were asked about depression by a health care worker during their **prenatal care visit**.

**84.7%** were asked about depression by a health care worker during their **postpartum visit**.



# Postpartum Depression (2016-2018 WY PRAMS)

**17.3%** Of Wyoming women living in poverty\* were at risk of postpartum depression\*\* as compared to **7.7%** of women at, or above, the federal poverty level.

\* <185% FPL versus 185% FPL or higher.

\*\* Depression occurring up to 1 year after having a baby.



# Substance Use

- Before
- During &
- After Pregnancy

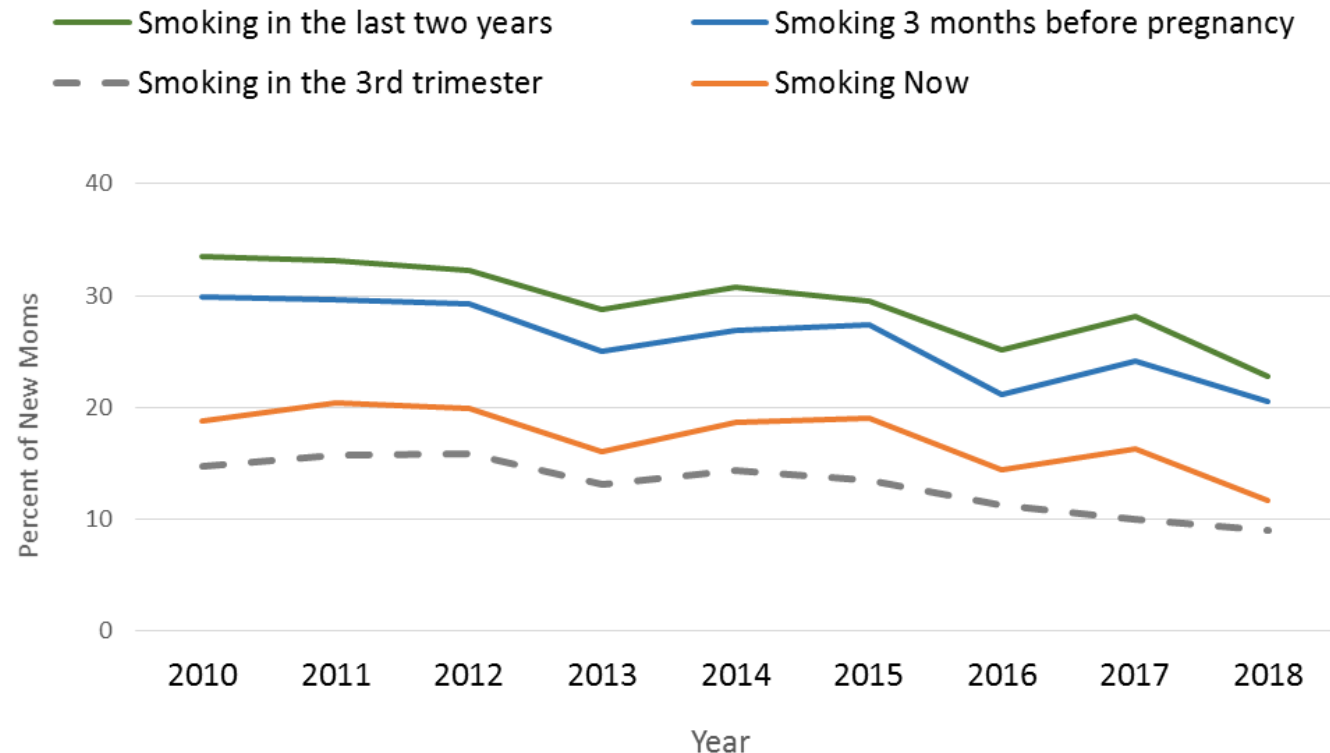


# Smoking and Pregnancy

Smoking before, during, and after pregnancy continues to trend downward.

American Indian women were significantly more likely to report smoking 2 years before pregnancy, 3 months before pregnancy and in the 3<sup>rd</sup> trimester as compared to other Wyoming women.

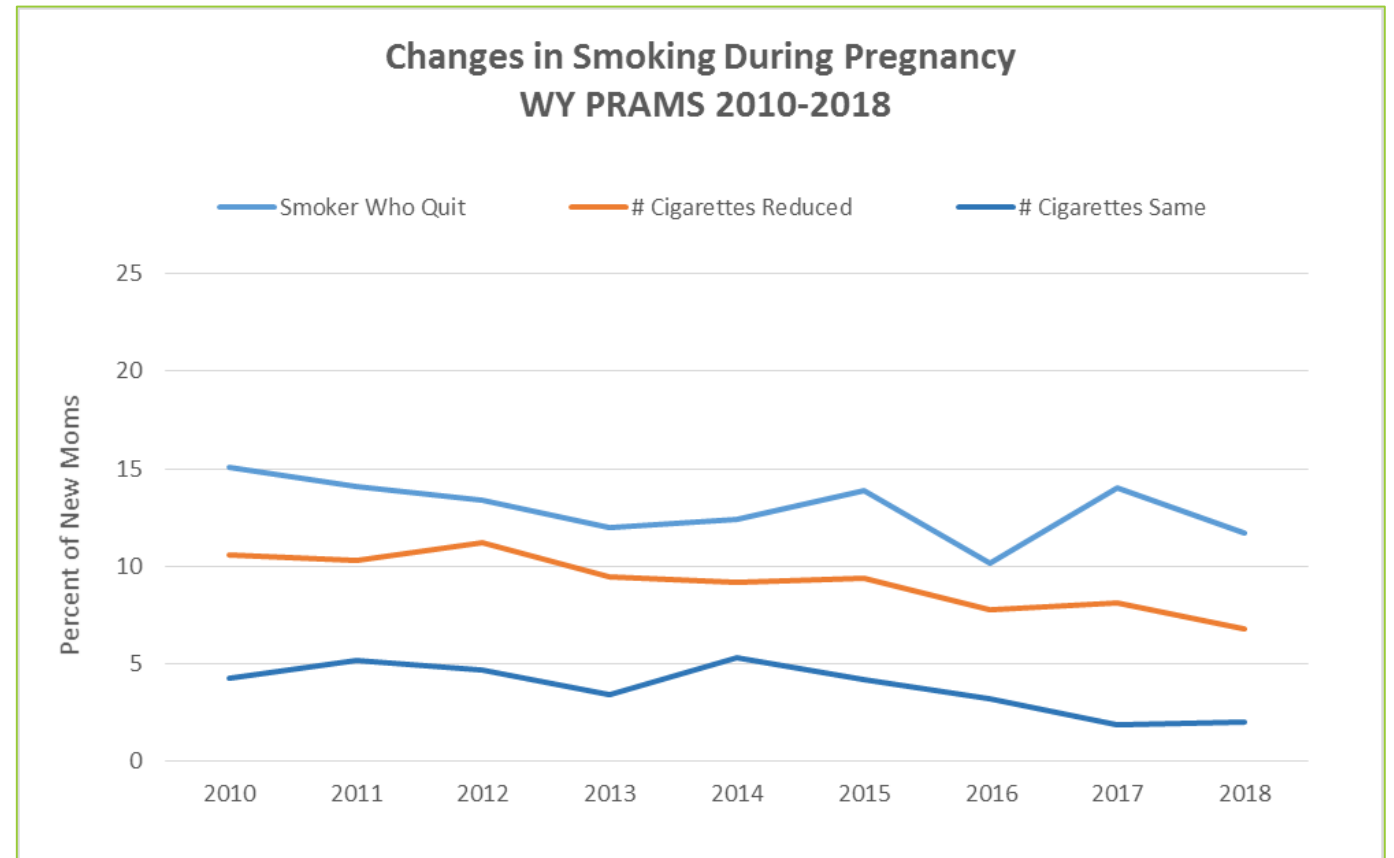
**Smoking Before, During, and After Pregnancy  
WY PRAMS 2010-2018**



# Changes in Smoking During Pregnancy

The majority of Wyoming women who recently delivered a live birth were non-smokers. In 2010, 70.2% of PRAMS Moms reported that they were did not smoke as compared to 2018 when 79.3% reported that they were non-smokers.

There were no significant changes in smokers who quit, those who reduced their smoking, or those whose smoking levels were the same between these two years.

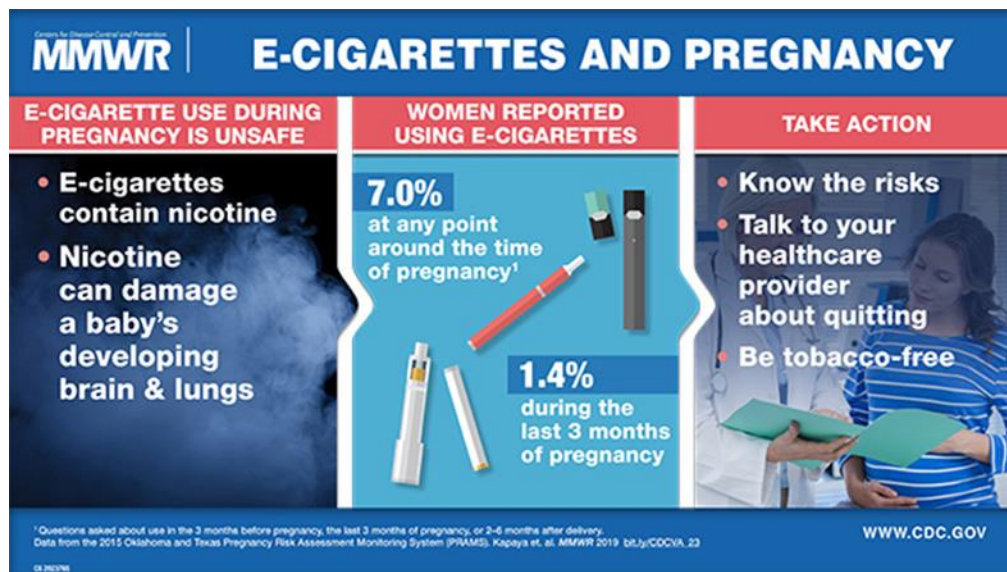




**NEW!**

# E-cigarettes and other similar products

Phase 8 of PRAMS includes questions about the use of E-cigarettes and other electronic nicotine products before and during pregnancy.



- **9.5%** of women reported the use of E-cigarettes in the *two years* before pregnancy.
- **6.1%** reported using E-Cigarettes in the *3 months* before pregnancy.
- **1.6%** reported E-cigarette use during the *last 3 months* of pregnancy.

Source: WY PRAMS Data 2016-2018

**NEW!**

## E-cigarettes – who is using?

Women living in poverty were **more than twice** as likely to report using e-cigarettes in the two years before pregnancy as compared to women living at or above 185% FPL.

**12.6%** versus 5.9%; p-value = 0.0001

Similarly, women with Medicaid coverage were significantly more likely to report using E-cigarettes as compared those not enrolled.

**13.8%** vs. 6.5%; p-value 0.0002

There was no difference observed by race/ethnicity or maternal age.

**Question 3.** What topics were **most often** discussed and **least often** discussed with women during the prenatal care visit?

- A. Maternal Weight Gain (least - 54.8%)**
- B. Using Drugs\* 82.9%
- C. Drinking Alcohol 95.7%
- D. Smoking Cigarettes (most - 97.0%)**
- E. Feeling Down or Depressed 75.2%

Source: WY PRAMS Data 2016-2018

\* Includes marijuana, cocaine, crack, or meth.



**Question 4.** What proportion of new moms report that they drank during the 3<sup>rd</sup> trimester of pregnancy in Wyoming (2018)?

1. 20%
2. 7%
3. **3.3%**
4. 15%

Source: WY PRAMS Data 2016-2018



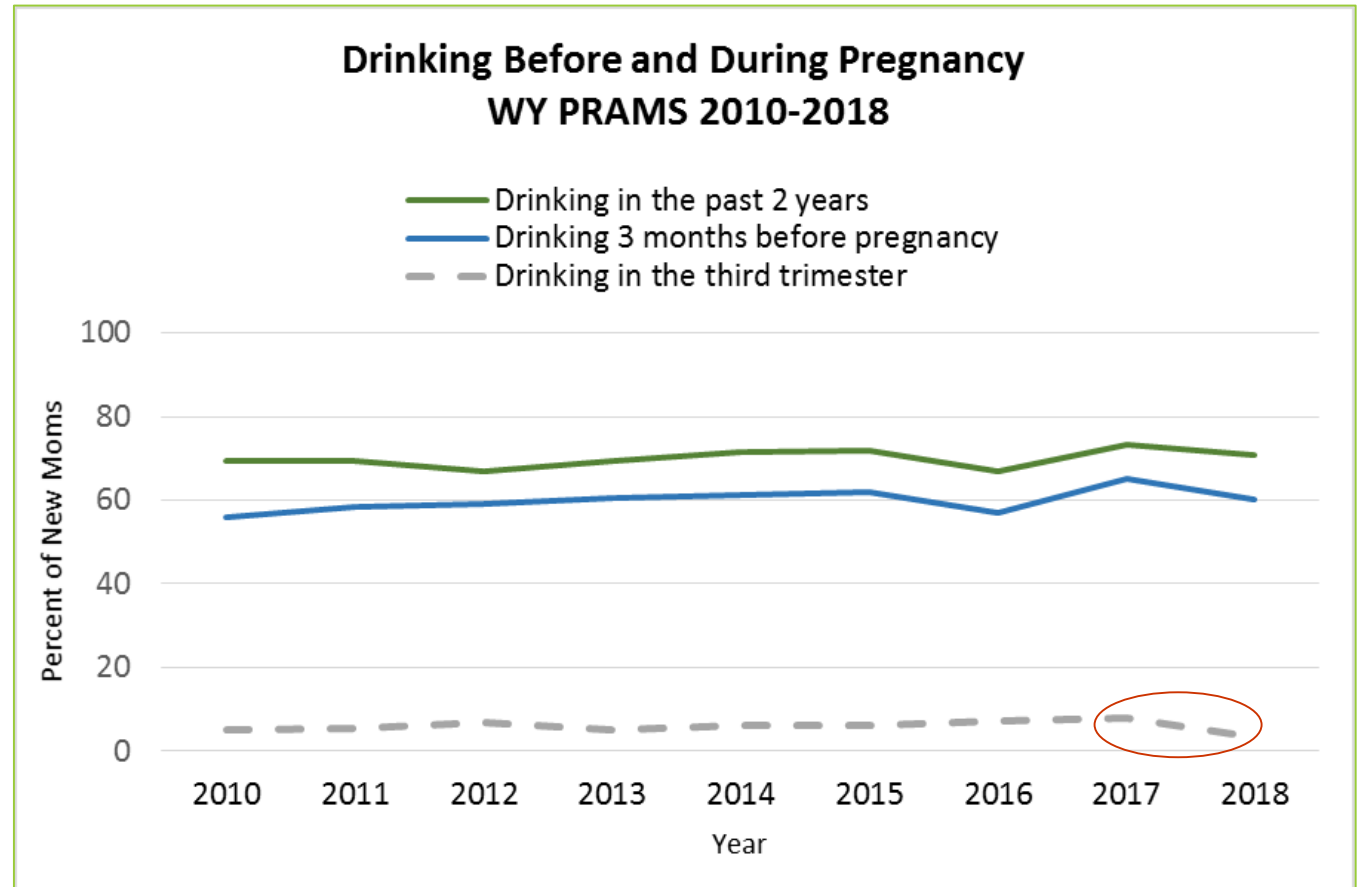
Source: Centers for Disease Control and Prevention

# Drinking and Pregnancy

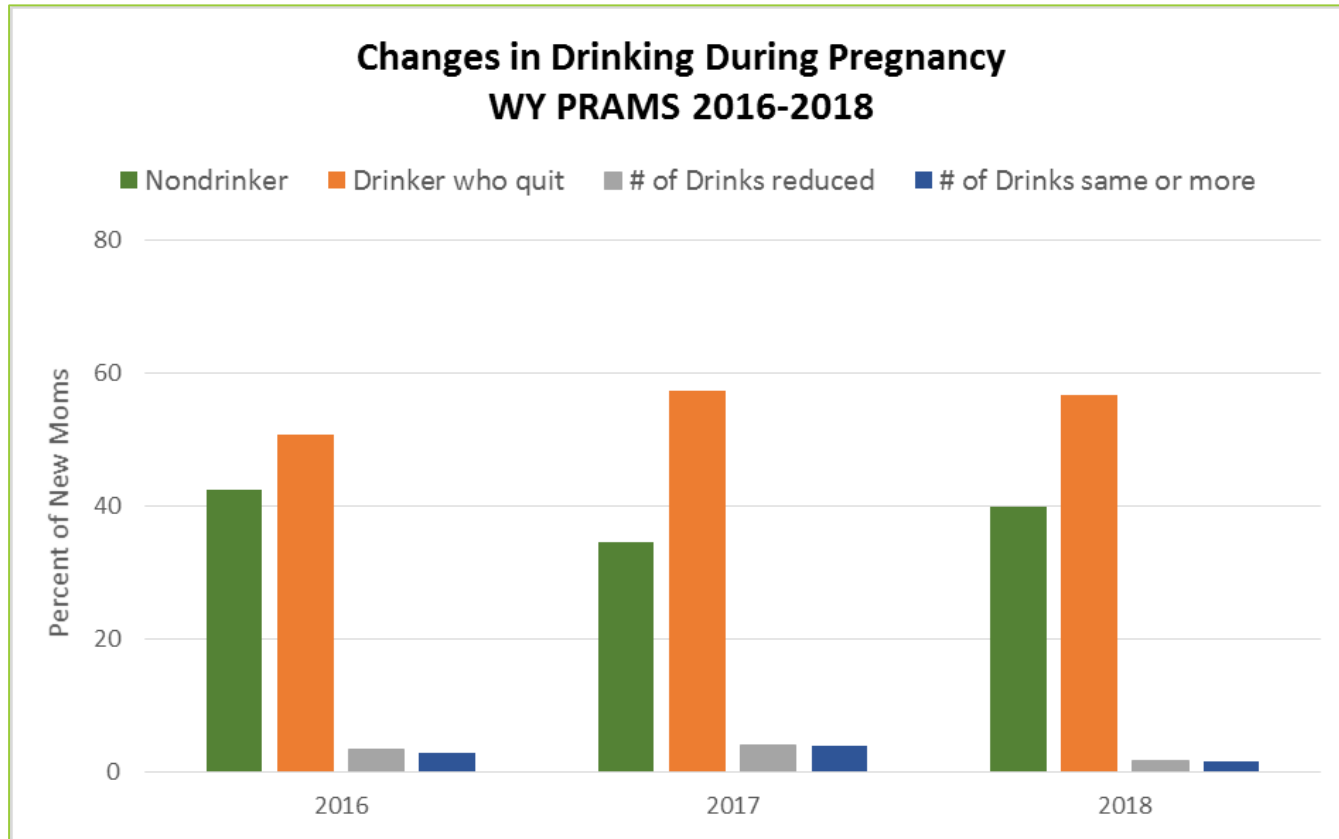
No significant changes were observed for women that reported **drinking in the past two years** or in the **3 months before pregnancy**.

In 2018, **3.3%** of new mothers reported drinking in the 3<sup>rd</sup> trimester, a statistically significant decrease from the previous year (2017, 8.1%).

**2017:** 8.1% (95% CI 5.7-11.3) **2018:** 3.3% (95% CI 1.9-5.4)



# Changes in Drinking During Pregnancy



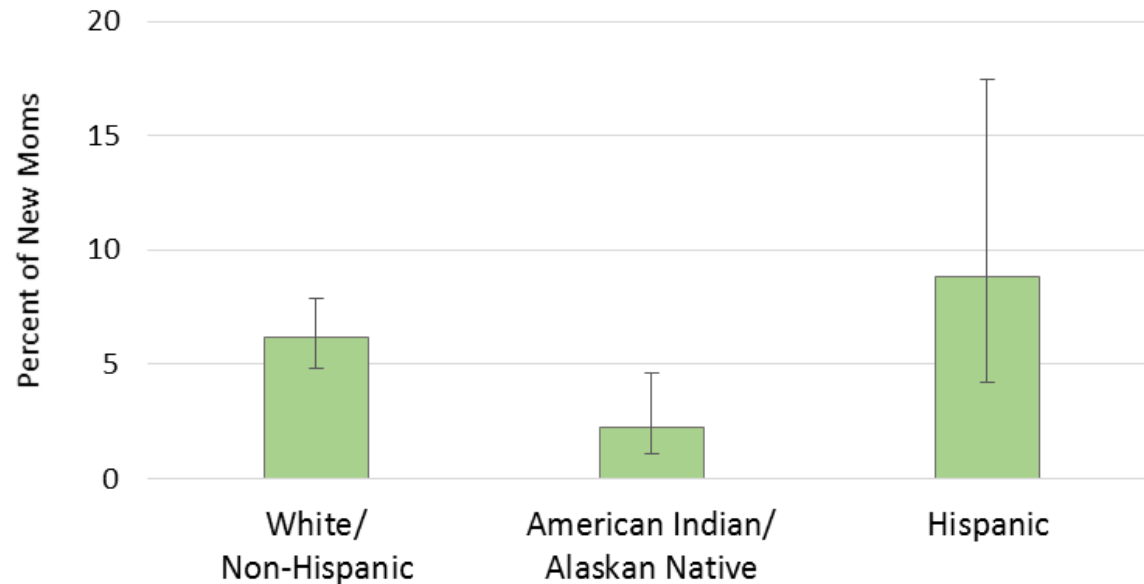
There were no significant difference in changes in drinking during pregnancy during this period.





# Demographic Variations in Drinking During Pregnancy

**Drinking In the 3rd Trimester of Pregnancy:  
Demographic Comparisons  
WY PRAMS 2016-2018**



- ✓ American Indian women were **less likely** to report drinking during pregnancy and were **more likely to be non-drinkers** when compared to White, non-Hispanic women. There was no significant difference between Hispanic women and either of the other groups.
- ✓ There were no significant differences in drinking during the 3<sup>rd</sup> trimester by poverty status or by Medicaid enrollment.



**Question 5.** The use of what drug was most commonly reported by women in the month **before** their pregnancy?  
WY PRAMS, 2016-2018.

1. **Marijuana or Hash (6.6%)**
2. Heroin (<1%)
3. Adderall or another stimulant (1.4%)
4. Prescription Pain Relievers  
**(a close 2<sup>nd</sup> at 6.5%)**

Marijuana use was light and known to my doctor. She was okay with its medicinal use.

She also discussed potential issues for my baby with use. It was also only during early pregnancy.

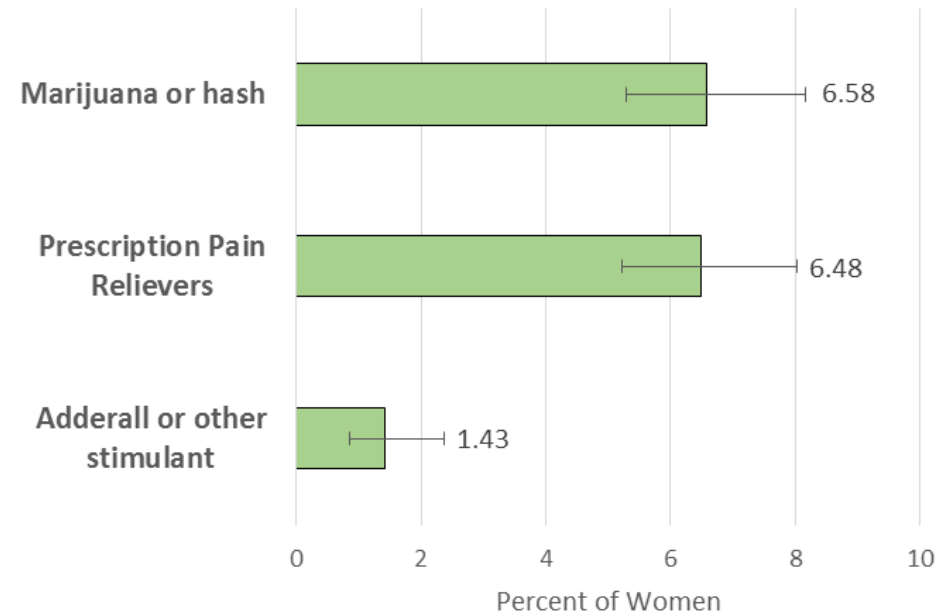
- WY PRAMS Mom, 2019

# Drug Use Before Pregnancy

**Reported by less than 1% of Wyoming Moms (2016-2018 WY PRAMS):**

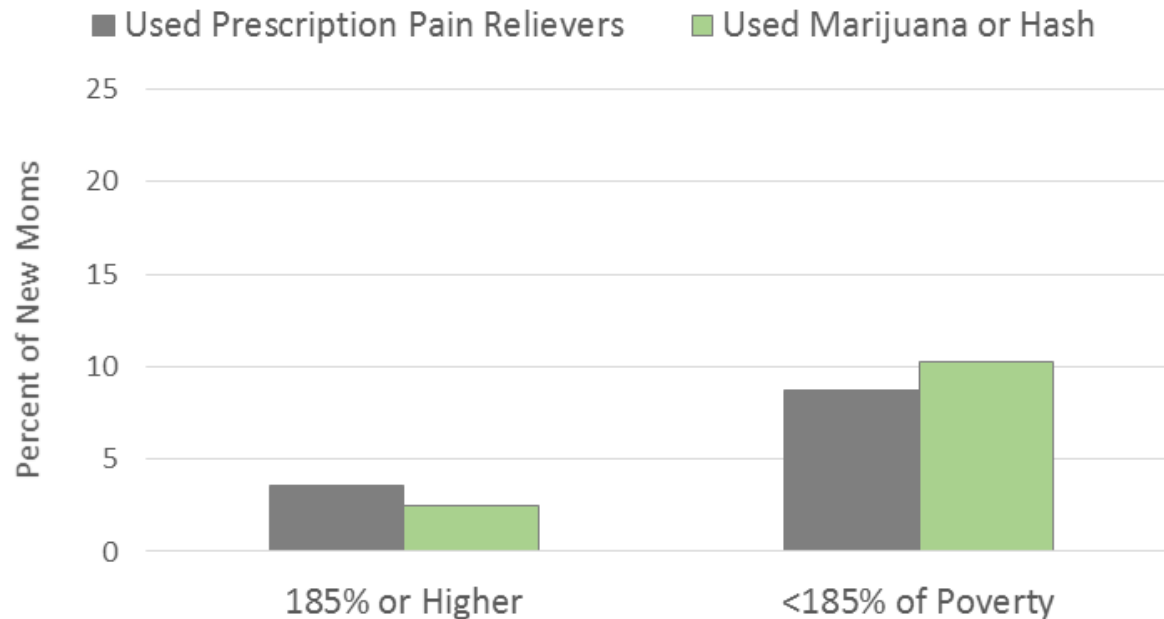
- ✓ Synthetic Marijuana/K2/Spice
- ✓ Methadone
- ✓ Heroin
- ✓ Amphetamines, meth
- ✓ Cocaine
- ✓ Tranquilizers
- ✓ Hallucinogens/LSD
- ✓ Sniffing gas, glue, or huffing

**Drug Use in the Month Before Pregnancy  
WY PRAMS 2016-2018**



# Demographic Variations in Drug Use Before Pregnancy, WY PRAMS 2016-2018

Socioeconomic Variations in Drug Use Before Pregnancy, WY PRAMS 2016-2018



Women living **below the 185% poverty line** were significantly more likely to report the use of marijuana or hash, as well as prescription pain relievers, in the month before pregnancy as compared to women with incomes of 185% or higher.

# ACOG Opinion – Screening for Substance Use

***“Screening for substance use should be a part of comprehensive obstetric care and should be done at the first prenatal visit in partnership with the pregnant woman.”***

***Substance use disorders affect women across all racial and ethnic groups and all socioeconomic groups, and affect women in rural, urban, and suburban populations”.***



# Wyoming's PRAMS Opioid Supplement

(page 13, WY PRAMS Survey)

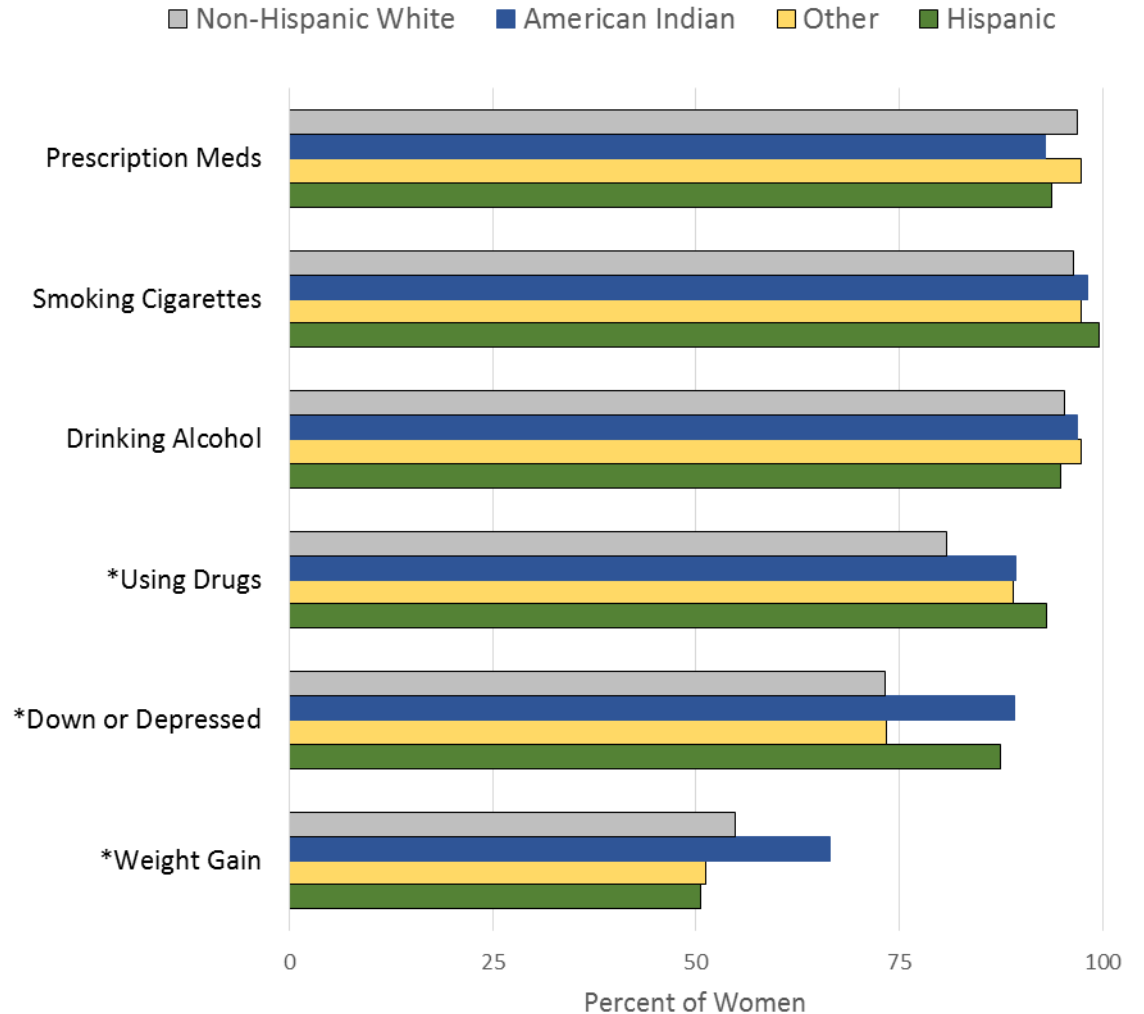
- A CDC Supplement
- Wyoming began data collection in May 2019
- Wyoming will continue using these questions until the end of Phase 8 (about two more years) to collect more data.

- ✓ **Prescription Pain Reliever Use During Pregnancy**
- ✓ **How Prescription Pain Relievers were obtained**  
(doctor, left over from an earlier prescription, family/friend, etc.)
- ✓ **Reasons for Use**
- ✓ **Trimester of Use (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>)**
- ✓ **Did you feel the need to cut back?**
- ✓ **Trouble cutting back?**
- ✓ **Need help to cut back?**
- ✓ **Medication assisted treatment to stop?**
- ✓ **General knowledge about the safety of prescription pain relievers for women & infants**

# Prenatal Provider Discussion

- No difference in discussion for prescription medicine, smoking cigarettes, or drinking alcohol.
- Significant differences\* were observed for
  - **Using Drugs**
  - **Down or Depressed**
  - **Maternal Weight Gain**
- American Indian women were significantly\* more likely to report that providers discussed these three topics as compared to White, non-Hispanic Women.

Variations in Provider Prenatal Discussion by Race/Ethnicity WY PRAMS 2016-2018



# How You Can Help Wyoming PRAMS

1. Be aware of the Wyoming PRAMS survey so that you can answer questions if a Mom asks you about it.
2. Keep PRAMS materials available. We have book marks and pamphlets for you to take with you today. **Just call us if you need more!**
3. Use PRAMS data! Call us with questions, give us ideas about data you might need.

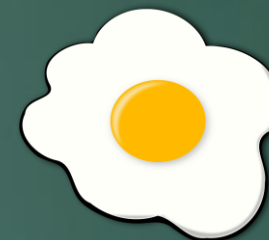






*Sorry about the egg yolk on  
this survey, my 2-year-old  
wanted to help.*

- WY PRAMS Mom, 2017



Questions? Lorie Wayne Chesnut, DrPH, MPH ~ [lorie.chesnut@wyo.gov](mailto:lorie.chesnut@wyo.gov) ~ 307-777-6304

Wyoming PRAMS Website: <https://health.wyo.gov/publichealth/chronic-disease-and-maternal-child-health-epidemiology-unit/mch-epi/>